

Annual Reporting for High-Cost Recipients
47 C.F.R. §54.313(a)(2) through (a)(6) and (h)



4001 Rodney Parham Drive • Little Rock, Arkansas 72212
(501) 748-7000

REDACTED FOR PUBLIC INSPECTION

June 11, 2014

Ms. Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street SW
Washington, D.C. 20554

Ms. Karen Majcher
Vice President – High Cost Low Income Division
Universal Service Administrative Company
2000 L Street NW, Suite 200
Washington, D.C. 20036

RE: Connect America Fund, WC Docket No. 10-90: Lifeline and Link Up Reform and Modernization, WC Docket No. 11-42

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules enclosed is the 2014 annual report and certifications for Windstream Study Area Code 351167 located in Iowa. A copy of this report is also being filed with the Universal Service Administration Company (USAC), relevant state public service commissions, and tribal governments.

This filing contains a redacted (200) Service Outage Reporting (Voice) form. The information that was redacted is considered Confidential by the FCC and would cause Windstream to reveal proprietary information and trade secrets and cause damage to its competitive position.

Should you have any questions, please contact me via email at jeff.l.heacox@windstream.com or by phone at 501-748-5390.

Sincerely,



Jeff Heacox
Staff Manager Compliance Reporting

Enclosures

Cc: Applicable State Public Utilities Commissions, State Public Service Commissions, and Tribal Governments

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351167
<015>	Study Area Name	Windstream Communications, Inc.
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Jeff Heacox
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jeff.l.heacox@windstream.com

ANNUAL REPORTING FOR ALL CARRIERS

54.313 Completion Required	54.422 Completion Required
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<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<div><-- check box if no outages to report</div>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	351167IA310.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	1.55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<420>	Mobile	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	0.82	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	351167IA510.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510>		(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	351167IA610.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610>		(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	351167IA1010.pdf		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1010>		(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351167
<015>	Study Area Name	Windstream Communications, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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-- See attached worksheet --

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1/1/2014

-- See attached worksheet

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacox@windstream.com
<810>	Reporting Carrier	Windstream Iowa Communications, Inc.
<811>	Holding Company	Windstream Holdings, Inc.
<812>	Operating Company	Windstream Iowa Communications, Inc.

-- See attached worksheet --

**(900) Tribal Lands Reporting
Data Collection Form**

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July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

<910> Tribal Land(s) on which ETC Serves

Sac and Fox Tribe of the Mississippi in Iowa

<920> Tribal Government Engagement Obligation

351167.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

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July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

351167IA1210.doc

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.windstream.com/About-Us/Lifeline-Applications/>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

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CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐
☒
☐
☐
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

☒
Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐
☐
☐
☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

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July 2013

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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) **Progress Report on 5 Year Plan**
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) ☒ (Yes/No) ☒
- (3014) If yes, does your company file the RUS annual report ☒ (Yes/No) ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited? ☒ (Yes/No) ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Windstream Communications, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 06/19/2014
Printed name of Authorized Officer: Tim Loken	
Title or position of Authorized Officer: Director Regulatory Reporting	
Telephone number of Authorized Officer: 5017487442 ext.	
Study Area Code of Reporting Carrier:	351167 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**FCC Form 481
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Data Collection Form

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<220>		

<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures



(700) Price Offerings including Voice Rate Data
Data Collection Form

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<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA	ALTA VISTA		FR	21.99	0.0	0.0	2.03	24.02
IA	ARLINGTON		FR	21.99	0.0	0.0	3.48	25.47
IA	ARMSTRONG		FR	16.6	0.0	0.0	0.0	16.6
IA	BELLE PLAINE		FR	16.98	0.0	0.0	0.39	17.37
IA	BLENCOE		FR	21.99	0.0	0.0	2.9	24.89
IA	BRADDYVILLE		FR	21.99	0.0	0.0	3.15	25.14
IA	CAMBRIDGE		FR	16.98	0.0	0.0	0.0	16.98
IA	CENTRAL CITY		FR	21.99	0.0	0.0	6.06	28.05
IA	CHELSEA		FR	21.99	0.0	0.0	3.78	25.77
IA	CLARINDA		FR	21.99	0.0	0.0	0.32	22.31
IA	COLESBURG		FR	21.99	0.0	0.0	5.06	27.05
IA	COLLEGE SPRINGS		FR	21.99	0.0	0.0	3.15	25.14
IA	COLLINS		FR	21.99	0.0	0.0	0.0	21.99
IA	CONROY		FR	21.99	0.0	0.0	2.32	24.31
IA	CRESO		FR	21.99	0.0	0.0	0.23	22.22
IA	CRESTON		FR	21.99	0.0	0.0	0.32	22.31
IA	CYLINDER		FR	21.99	0.0	0.0	3.15	25.14
IA	DE SOTO		FR	21.99	0.0	0.0	10.13	32.12
IA	DELHI		FR	21.99	0.0	0.0	2.79	24.78
IA	DELTA		FR	21.99	0.0	0.0	0.0	21.99
IA	DEXTER		FR	21.99	0.0	0.0	16.44	38.43

(700) Price Offerings including Voice Rate Data
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FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351167
<015>	Study Area Name	Windstream Communications, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA	DOLLIVER		FR	21.99	0.0	0.0	0.0	21.99
IA	DUNLAP		FR	21.99	0.0	0.0	0.0	21.99
IA	DYERSVILLE		FR	21.99	0.0	0.0	4.74	26.73
IA	EARLVILLE		FR	21.99	0.0	0.0	4.72	26.71
IA	EDGEWOOD		FR	21.99	0.0	0.0	3.15	25.14
IA	ELKHART		FR	21.99	0.0	0.0	6.09	28.08
IA	ELMA		FR	21.99	0.0	0.0	0.68	22.67
IA	EMMETSBURG		FR	21.99	0.0	0.0	0.83	22.82
IA	EPWORTH		FR	21.99	0.0	0.0	4.61	26.6
IA	FAIRBANK		FR	21.99	0.0	0.0	0.0	21.99
IA	FARLEY		FR	21.99	0.0	0.0	5.92	27.91
IA	FOREST CITY		FR	16.6	0.0	0.0	2.03	18.63
IA	GARWIN		FR	21.99	0.0	0.0	0.0	21.99
IA	GLADBROOK		FR	21.99	0.0	0.0	0.0	21.99
IA	GLIDDEN		FR	21.99	0.0	0.0	0.68	22.67
IA	GRAND JUNCTION		FR	21.99	0.0	0.0	0.84	22.83
IA	GREELEY		FR	21.99	0.0	0.0	3.15	25.14
IA	GRINNELL		FR	21.99	0.0	0.0	0.23	22.22
IA	HARPER		FR	21.99	0.0	0.0	3.78	25.77
IA	HARRIS		FR	21.99	0.0	0.0	0.0	21.99
IA	HARTLEY		FR	16.98	0.0	0.0	0.48	17.46

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA	HAZLETON		FR	21.99	0.0	0.0	2.23	24.22
IA	HOLY CROSS		FR	21.99	0.0	0.0	7.37	29.36
IA	HOPKINTON		FR	21.99	0.0	0.0	0.0	21.99
IA	KENT		FR	21.99	0.0	0.0	3.15	25.14
IA	KEOTA		FR	21.99	0.0	0.0	1.01	23.0
IA	LAKE CITY		FR	21.99	0.0	0.0	0.0	21.99
IA	LAMONT		FR	21.99	0.0	0.0	0.0	21.99
IA	LEDYARD		FR	21.99	0.0	0.0	0.0	21.99
IA	LEGRAND		FR	21.99	0.0	0.0	3.2	25.19
IA	LINDEN		FR	21.99	0.0	0.0	2.9	24.89
IA	LITTLE SIOUX		FR	21.99	0.0	0.0	4.74	26.73
IA	LOGAN		FR	21.99	0.0	0.0	0.0	21.99
IA	LOHRVILLE		FR	21.99	0.0	0.0	0.0	21.99
IA	LUXEMBURG		FR	21.99	0.0	0.0	4.43	26.42
IA	MAGNOLIA		FR	21.99	0.0	0.0	0.0	21.99
IA	MALCOM		FR	21.99	0.0	0.0	5.25	27.24
IA	MALLARD		FR	21.99	0.0	0.0	3.78	25.77
IA	MANCHESTER		FR	21.99	0.0	0.0	0.83	22.82
IA	MANSON		FR	21.99	0.0	0.0	0.0	21.99
IA	MARENGO		FR	16.98	0.0	0.0	0.0	16.98
IA	MAXWELL		FR	21.99	0.0	0.0	2.78	24.77

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA	MAY CITY		FR	21.99	0.0	0.0	2.9	24.89
IA	MCCALLSBURG		FR	21.99	0.0	0.0	0.0	21.99
IA	MELVIN		FR	21.99	0.0	0.0	0.0	21.99
IA	MODELE		FR	21.99	0.0	0.0	0.0	21.99
IA	MONDAMIN		FR	21.99	0.0	0.0	0.0	21.99
IA	MONTOUR		FR	21.99	0.0	0.0	5.43	27.42
IA	NEVADA CITY		FR	21.99	0.0	0.0	4.77	26.76
IA	NEW VIENNA		FR	21.99	0.0	0.0	3.78	25.77
IA	OCHEYEDAN		FR	21.99	0.0	0.0	0.0	21.99
IA	ORIENT		FR	21.99	0.0	0.0	4.59	26.58
IA	OSCEOLA		FR	21.99	0.0	0.0	0.27	22.26
IA	OXFORD		FR	16.6	0.0	0.0	4.61	21.21
IA	PANAMA		FR	21.99	0.0	0.0	3.62	25.61
IA	PERCIVAL		FR	21.99	0.0	0.0	3.48	25.47
IA	PERSIA		FR	21.99	0.0	0.0	0.0	21.99
IA	PISGAH		FR	21.99	0.0	0.0	0.0	21.99
IA	POMEROY		FR	21.99	0.0	0.0	0.0	21.99
IA	PORTSMOUTH		FR	21.99	0.0	0.0	1.35	23.34
IA	PRESCOTT		FR	21.99	0.0	0.0	1.69	23.68
IA	PRIMGHAR		FR	16.6	0.0	0.0	0.0	16.6
IA	PROTIVIN		FR	21.99	0.0	0.0	3.15	25.14

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA	RALSTON		FR	21.99	0.0	0.0	2.9	24.89
IA	RANDALL		FR	21.99	0.0	0.0	2.32	24.31
IA	RANDOLPH		FR	21.99	0.0	0.0	3.48	25.47
IA	REDFIELD		FR	21.99	0.0	0.0	12.68	34.67
IA	REINBECK		FR	16.98	0.0	0.0	0.0	16.98
IA	RIPPEY		FR	21.99	0.0	0.0	7.27	29.26
IA	RIVERTON		FR	21.99	0.0	0.0	4.43	26.42
IA	ROCKWELL CITY		FR	21.99	0.0	0.0	0.0	21.99
IA	ROLAND		FR	21.99	0.0	0.0	1.8	23.79
IA	ROLFE		FR	21.99	0.0	0.0	0.0	21.99
IA	RYAN		FR	21.99	0.0	0.0	3.78	25.77
IA	SIDNEY		FR	21.99	0.0	0.0	4.97	26.96
IA	SIGOURNEY		FR	21.99	0.0	0.0	0.48	22.47
IA	SLATER		FR	16.98	0.0	0.0	3.15	20.13
IA	SOBRADDYVILLE		FR	21.99	0.0	0.0	3.15	25.14
IA	ST. ANSGAR		FR	16.6	0.0	0.0	0.0	16.6
IA	STACYVILLE		FR	16.6	0.0	0.0	0.0	16.6
IA	STORY CITY		FR	21.99	0.0	0.0	1.13	23.12
IA	STRAWBERRY POINT		FR	21.99	0.0	0.0	3.6	25.59
IA	SWEA CITY		FR	21.99	0.0	0.0	0.0	21.99
IA	TABOR		FR	21.99	0.0	0.0	6.88	28.87

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA	THURMAN		FR	21.99	0.0	0.0	4.06	26.05
IA	TIFFIN		FR	16.6	0.0	0.0	3.95	20.55
IA	TOLEDO		FR	21.99	0.0	0.0	0.23	22.22
IA	TRAER		FR	21.99	0.0	0.0	2.03	24.02
IA	TROY MILLS		FR	21.99	0.0	0.0	13.78	35.77
IA	VOLGA		FR	21.99	0.0	0.0	5.06	27.05
IA	W CHESTER		FR	21.99	0.0	0.0	3.78	25.77
IA	WADENA		FR	21.99	0.0	0.0	3.04	25.03
IA	WALKER		FR	21.99	0.0	0.0	7.69	29.68
IA	WASHINGTON CITY		FR	21.99	0.0	0.0	0.23	22.22
IA	WHAT CHEER		FR	21.99	0.0	0.0	0.0	21.99
IA	WILLIAMSBURG		FR	21.99	0.0	0.0	0.39	22.38
IA	WOODBINE		FR	21.99	0.0	0.0	0.0	21.99
IA	WORTHINGTON		FR	21.99	0.0	0.0	2.52	24.51
IA	ALTA VISTA		MS	10.0	0.0	0.0	0.0	10.0
IA	ARLINGTON		MS	10.0	0.0	0.0	0.0	10.0
IA	ARMSTRONG		MS	10.0	0.0	0.0	0.0	10.0
IA	BELLE PLAINE		MS	10.0	0.0	0.0	0.0	10.0
IA	BLENCOE		MS	10.0	0.0	0.0	0.0	10.0
IA	BRADDYVILLE		MS	10.0	0.0	0.0	0.0	10.0
IA	CAMBRIDGE		MS	10.0	0.0	0.0	0.0	10.0

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA	CENTRAL CITY		MS	10.0	0.0	0.0	0.0	10.0
IA	CHELSEA		MS	10.0	0.0	0.0	0.0	10.0
IA	CLARINDA		MS	10.0	0.0	0.0	0.0	10.0
IA	COLESBURG		MS	10.0	0.0	0.0	0.0	10.0
IA	COLLEGE SPRINGS		MS	10.0	0.0	0.0	0.0	10.0
IA	COLLINS		MS	10.0	0.0	0.0	0.0	10.0
IA	CONROY		MS	10.0	0.0	0.0	0.0	10.0
IA	CRESO		MS	10.0	0.0	0.0	0.0	10.0
IA	CRESTON		MS	10.0	0.0	0.0	0.0	10.0
IA	CYLINDER		MS	10.0	0.0	0.0	0.0	10.0
IA	DE SOTO		MS	10.0	0.0	0.0	0.0	10.0
IA	DELHI		MS	10.0	0.0	0.0	0.0	10.0
IA	DELTA		MS	10.0	0.0	0.0	0.0	10.0
IA	DEXTER		MS	10.0	0.0	0.0	0.0	10.0
IA	DOLLIVER		MS	10.0	0.0	0.0	0.0	10.0
IA	DUNLAP		MS	10.0	0.0	0.0	0.0	10.0
IA	DYERSVILLE		MS	10.0	0.0	0.0	0.0	10.0
IA	EARLVILLE		MS	10.0	0.0	0.0	0.0	10.0
IA	EDGEWOOD		MS	10.0	0.0	0.0	0.0	10.0
IA	ELKHART		MS	10.0	0.0	0.0	0.0	10.0
IA	ELMA		MS	10.0	0.0	0.0	0.0	10.0

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA	EMMETSBURG		MS	10.0	0.0	0.0	0.0	10.0
IA	EPWORTH		MS	10.0	0.0	0.0	0.0	10.0
IA	FAIRBANK		MS	10.0	0.0	0.0	0.0	10.0
IA	FARLEY		MS	10.0	0.0	0.0	0.0	10.0
IA	FOREST CITY		MS	10.0	0.0	0.0	0.0	10.0
IA	GARWIN		MS	10.0	0.0	0.0	0.0	10.0
IA	GLADBROOK		MS	10.0	0.0	0.0	0.0	10.0
IA	GLIDDEN		MS	10.0	0.0	0.0	0.0	10.0
IA	GRAND JUNCTION		MS	10.0	0.0	0.0	0.0	10.0
IA	GREELEY		MS	10.0	0.0	0.0	0.0	10.0
IA	GRINNELL		MS	10.0	0.0	0.0	0.0	10.0
IA	HARPER		MS	10.0	0.0	0.0	0.0	10.0
IA	HARRIS		MS	10.0	0.0	0.0	0.0	10.0
IA	HARTLEY		MS	10.0	0.0	0.0	0.0	10.0
IA	HAZLETON		MS	10.0	0.0	0.0	0.0	10.0
IA	HOLY CROSS		MS	10.0	0.0	0.0	0.0	10.0
IA	HOPKINTON		MS	10.0	0.0	0.0	0.0	10.0
IA	KENT		MS	10.0	0.0	0.0	0.0	10.0
IA	KEOTA		MS	10.0	0.0	0.0	0.0	10.0
IA	LAKE CITY		MS	10.0	0.0	0.0	0.0	10.0
IA	LAMONT		MS	10.0	0.0	0.0	0.0	10.0

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA	LEDYARD		MS	10.0	0.0	0.0	0.0	10.0
IA	LEGRAND		MS	10.0	0.0	0.0	0.0	10.0
IA	LINDEN		MS	10.0	0.0	0.0	0.0	10.0
IA	LITTLE SIOUX		MS	10.0	0.0	0.0	0.0	10.0
IA	LOGAN		MS	10.0	0.0	0.0	0.0	10.0
IA	LOHRVILLE		MS	10.0	0.0	0.0	0.0	10.0
IA	LUXEMBURG		MS	10.0	0.0	0.0	0.0	10.0
IA	MAGNOLIA		MS	10.0	0.0	0.0	0.0	10.0
IA	MALCOM		MS	10.0	0.0	0.0	0.0	10.0
IA	MALLARD		MS	10.0	0.0	0.0	0.0	10.0
IA	MANCHESTER		MS	10.0	0.0	0.0	0.0	10.0
IA	MANSON		MS	10.0	0.0	0.0	0.0	10.0
IA	MARENGO		MS	10.0	0.0	0.0	0.0	10.0
IA	MAXWELL		MS	10.0	0.0	0.0	0.0	10.0
IA	MAY CITY		MS	10.0	0.0	0.0	0.0	10.0
IA	MCCALLSBURG		MS	10.0	0.0	0.0	0.0	10.0
IA	MELVIN		MS	10.0	0.0	0.0	0.0	10.0
IA	MODALE		MS	10.0	0.0	0.0	0.0	10.0
IA	MONDAMIN		MS	10.0	0.0	0.0	0.0	10.0
IA	MONTOUR		MS	10.0	0.0	0.0	0.0	10.0
IA	NEVADA CITY		MS	10.0	0.0	0.0	0.0	10.0

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA	NEW VIENNA		MS	10.0	0.0	0.0	0.0	10.0
IA	OCHEYEDAN		MS	10.0	0.0	0.0	0.0	10.0
IA	ORIENT		MS	10.0	0.0	0.0	0.0	10.0
IA	OSCEOLA		MS	10.0	0.0	0.0	0.0	10.0
IA	OXFORD		MS	10.0	0.0	0.0	0.0	10.0
IA	PANAMA		MS	10.0	0.0	0.0	0.0	10.0
IA	PERCIVAL		MS	10.0	0.0	0.0	0.0	10.0
IA	PERSIA		MS	10.0	0.0	0.0	0.0	10.0
IA	PISGAH		MS	10.0	0.0	0.0	0.0	10.0
IA	POMEROY		MS	10.0	0.0	0.0	0.0	10.0
IA	PORTSMOUTH		MS	10.0	0.0	0.0	0.0	10.0
IA	PRESCOTT		MS	10.0	0.0	0.0	0.0	10.0
IA	PRIMGHAR		MS	10.0	0.0	0.0	0.0	10.0
IA	PROTIVIN		MS	10.0	0.0	0.0	0.0	10.0
IA	RALSTON		MS	10.0	0.0	0.0	0.0	10.0
IA	RANDALL		MS	10.0	0.0	0.0	0.0	10.0
IA	RANDOLPH		MS	10.0	0.0	0.0	0.0	10.0
IA	REDFIELD		MS	10.0	0.0	0.0	0.0	10.0
IA	REINBECK		MS	10.0	0.0	0.0	0.0	10.0
IA	RIPPEY		MS	10.0	0.0	0.0	0.0	10.0
IA	RIVERTON		MS	10.0	0.0	0.0	0.0	10.0

(700) Price Offerings including Voice Rate Data
Data Collection Form

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OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351167
<015>	Study Area Name	Windstream Communications, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.l.heacox@windstream.com

<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
IA	ROCKWELL CITY		MS	10.0	0.0	0.0	0.0	10.0
IA	ROLAND		MS	10.0	0.0	0.0	0.0	10.0
IA	ROLFE		MS	10.0	0.0	0.0	0.0	10.0
IA	RYAN		MS	10.0	0.0	0.0	0.0	10.0
IA	SIDNEY		MS	10.0	0.0	0.0	0.0	10.0
IA	SIGOURNEY		MS	10.0	0.0	0.0	0.0	10.0
IA	SLATER		MS	10.0	0.0	0.0	0.0	10.0
IA	ST. ANSGAR		MS	10.0	0.0	0.0	0.0	10.0
IA	STACYVILLE		MS	10.0	0.0	0.0	0.0	10.0
IA	STORY CITY		MS	10.0	0.0	0.0	0.0	10.0
IA	STRAWBERRY POINT		MS	10.0	0.0	0.0	0.0	10.0
IA	SWEA CITY		MS	10.0	0.0	0.0	0.0	10.0
IA	TABOR		MS	10.0	0.0	0.0	0.0	10.0
IA	THURMAN		MS	10.0	0.0	0.0	0.0	10.0
IA	TIFFIN		MS	10.0	0.0	0.0	0.0	10.0
IA	TOLEDO		MS	10.0	0.0	0.0	0.0	10.0
IA	TRAER		MS	10.0	0.0	0.0	0.0	10.0
IA	TROY MILLS		MS	10.0	0.0	0.0	0.0	10.0
IA	VOLGA		MS	10.0	0.0	0.0	0.0	10.0
IA	W CHESTER		MS	10.0	0.0	0.0	0.0	10.0
IA	WADENA		MS	10.0	0.0	0.0	0.0	10.0

(700) Price Offerings including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351167
<015>	Study Area Name	Windstream Communications, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jeff Heacox
<035>	Contact Telephone Number - Number of person identified in data line <030>	5017485390 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jeff.1.heacox@windstream.com

[illegible]

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819
